

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name  Telephone Number  Date of Inspection  PERMIT #							
Establishm	ent Name	<b>'</b> S'	American Favorites	Telephone Number 8/2-944-9999	Date of In (mm/dd/y	18 -	
Establishm	ent Addre:	ss (nu	mber and street, city, state, zip code) St Ste 6 New Albany, IN 47150	502-645-2104	4-26	3-19 281	
Owner			vers & Deane Kester	Purpose: 1. Routine	Follow-u	p Release Date Today	
Owner's A		S	tate St	2. Follow-up 3. Complaint	Summary	of Violations;	
Person in C		d	"Cody" Meyers	4. Pre-Operational	c <u>1</u>	NC 6 R 1	
Responsibl	e Person's	E-ma	11	5. Temporary 6. HACCP	Menu Ty	pe (See back of page)	
Certified F	ood Manag	ger oyd	Meyers 8-27-19	7. Other (list)	12	34/5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Corrected By	
189	C				5-19	Corrected	
			at 44°F Moved to 1	ice bath.			
291	NC		Observed no chlorine or quat test			3 days	
000	111	0	Strips	<u> </u>		1 V	
295	NC	R	Observed food splatter in microwave.			Today	
0.00	-		- Not from today				
295	NC		Observed Struk stick box in need of more Today				
		<u> </u>	frequent cleaning.				
392	NC	ļ. 	Observed dumpster lid open.			Corrected	
422	NC		Observed employee food not co	learly morked on	,d	Corrected	
			Separated in cooler-Creute employee space.				
			Observed 3 coats stored on Can rack. Corrected				
431	MC		Observed unclear light switch & wall in utility room. 3 days Observed build up of dust on decor in "Expoline" 2 weeks				
			Observed build-up of dust on de	ecor in "Expoli	ne"	2 weeks	
			and in bar.				
	- Complaint was regarding cockroaches in none						
Facility - no evidence of cockraaches found - needed							
Received by (name and title printed):  Logd M Mours II  Thomas Snider. EHS							
Received by (signature):  Inspected by (signature):  Thomas Inspected by (signature):							
cc:			cc:		ec:		
l							